# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48				
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Planned Parenthood Votes	C C00489799				
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y				
Full Name of Payee 76 Words	Date of Public Distribution/Dissemination				
76 Words	10 10 2016				
Mailing Address 1806 Vernon Street, Ste. #100	Amount				
City State Zip Code	4124.26				
Washington DC 20009	Transaction ID : B632152 Date of Disbursement or Obligation				
Purpose of Expenditure Digital Ad Production  Category/ Type  004	10 / 10 / 2016				
Name of Federal Candidate Support Office	Sought: House District:				
Cortez-Masto, Catherine, , ,	President Senate State: NV				
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	orsement For: Primary   General  Other (specify) ▶				
Full Name of Payee	Date of Public Distribution/Dissemination				
GMMB	10 11 2016				
Mailing Address 3050 K Street, NW/Suite 300	Amount				
City State Zip Code	60885.00				
Washington DC 20007	Transaction ID : B632147 Date of Disbursement or Obligation				
Purpose of Expenditure Radio Advertising Buy  Category/ Type 004	10 11 2016				
Name of Federal Candidate Support Office	e Sought: House District:				
Heck, Joseph, , ,	President Senate State: NV				
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	orsement For: Primary   General  Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	65009.26				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Schifeling, Deirdre, , ,  [Electronically Filed] Date	0 12 2016				
Signature					

#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sched	dule E)	EXI EIID	TOTILO				PAGE 2	OF FORM 24/	5 48
	OF COMMITTEE (In Full)					FEC II	DENTIFICATI		
Plan	ned Parenthood Votes					С	C00489799		
Check i	if 24-hour report <b>X</b> 48-hour report	X New repo	ort Ar	nends repo		M = M	/ D D /	Y	Y
	Name of Payee MMB				Date	M M	c Distribution	Y Y Y	
Mai	iling Address 3050 K Street, NW/Suite 300				Amo	10 unt	11	2016	
City	1	State	Zip Code		— r			1071023.0	0
Wa	ashington	DC	20007				ID: B632148 ursement or		
	pose of Expenditure levision Ad Buy		Category/ Type			10 M	11	2016	Y
Nar	me of Federal Candidate			Support	Office Soug	ıht:	House	District:	
He	ck, Joseph, , ,		x	Oppose	Presi	dent	<b>X</b> Senate	State:	٧V
	Calendar Year-To-Date Per Election for Office Sought	, , ,	1785807.97	7	Disburseme 2016	ent For: Other (sp	Primary Decify) ▶	y <b>≭</b> Ge	neral
	Name of Payee				Date	of Publi	ic Distribution	n/Disseminat	tion
16	6 Words					M M M	/ 10 /	2016	
Ma	iling Address 1806 Vernon Street, Ste. #100				Amo	ount			-
City		State	Zip Code					4124.2	7
	ashington	DC	20009				D: B632150 ursement or	Obligation	
	rpose of Expenditure gital Ad Production		Category/ Type			10 M	10	2016	Y
Naı	me of Federal Candidate			Support	Office Sou	ght:	House	District:	
He	ck, Joseph, , ,		x	Oppose	Presi	dent	<b>X</b> Senate	State:	NV
	Calendar Year-To-Date Per Election for Office Sought	, , ,	1785807.9	7	Disburseme 2016		Primar	y 🗶 Ge	eneral
(a) \$	SUBTOTAL of Itemized Independent Expenditures	i			· [			1075147.27	7
(b) §	SUBTOTAL of Unitemized Independent Expenditure	res							
(c) 1	TOTAL Independent Expenditures				•		7		
with,	er penalty of perjury I certify that the independen or at the request or suggestion of, any candidate committee) any political party committee or its a	e or authorized							
	Schifeling, Deirdre, , ,	[Electron	ically Filed]	Date	10	12	/ 20	16 Y	
S	ignature								

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IVI EXI END	TIONES		PAGE 3 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes				C C00489799
Check if 24-hour report X 48-hour report	X New rep	port Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
76 Words			М	10 11 2016
Mailing Address 1806 Vernon Street, Ste. #100			Amour	nt
City	State	Zip Code		14968.00
Washington	DC	20009		action ID : B632151 of Disbursement or Obligation
Purpose of Expenditure Radio and Television Ad Production		Category/ Type 004	M	10 11 / 2016
Name of Federal Candidate		Support	Office Sought	: House District:
Heck, Joseph, , ,		X Oppose	Preside	NIV/
Calendar Year-To-Date Per Election for Office Sought	7	1785807.97	Disbursement 2016 Ot	t For: Primary ★ General
Full Name of Payee			Date of	of Public Distribution/Dissemination
Itzamna Translations Company			М	10 08 2016
Mailing Address P.O. Box 1015			Amou	
City Glendale	State AZ	Zip Code 85311		19.32 ction ID : B632154
Purpose of Expenditure		Category/ 004		of Disbursement or Obligation
Translation services		Type 004		10 08 2016
Name of Federal Candidate		Support	Office Sough	t: House District:
Heck, Joseph, , ,		<b>X</b> Oppose	Preside	ent Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	7	1785807.97	Disbursement 2016	t For: Primary <b>X</b> General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. •	14987.32
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		·· •	7 1 7 1 4
(c) TOTAL Independent Expenditures			· •	7 . 7 . 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candiparty committee) any political party committee or it	date or authorized			
Schifeling, Deirdre, , , Signature	[Electron	nically Filed] Date	e 10 /	12 / 2016

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXICIN	BITOTIES	PAGE 4 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes			C C00489799
Check if 24-hour report 🗶 48-hour report	rt New re	eport Amends repo	rt filed on
Full Name of Payee Priorities USA Action			Date of Public Distribution/Dissemination
Mailing Address 601 13th Street NW Suite 61	0N		10 10 2016  Amount
City Washington	State DC	Zip Code 20005	5000.00  Transaction ID : B632153
Purpose of Expenditure Digital Ad Production		Category/ Type 004	Date of Disbursement or Obligation
Name of Federal Candidate		Support	Office Sought: House District:
Trump, Donald, , ,		X Oppose	resident Senate State: US
Calendar Year-To-Date Per Election for Office Sought		2695819.77	Disbursement For:  Primary  General 2016  Other (specify) ▶
Full Name of Payee Franciska Farkas			Date of Public Distribution/Dissemination  10 04 2016
Mailing Address 102 Clinton Ave.			Amount
City Brooklyn	State NY	Zip Code 11205	6500.00 Transaction ID : B632144
Purpose of Expenditure Digital Ad Production		Category/ Type 004	Date of Disbursement or Obligation  10 04 2016
Name of Federal Candidate		Support	Office Sought: House District:
Trump, Donald, , ,		X Oppose	President Senate State: US
Calendar Year-To-Date Per Election for Office Sought		2695819.77	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures		11500.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures		·
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	andidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Schifeling, Deirdre, , , Signature	[Electro	onically Filed] Date	10 12 2016

#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

	nedule E)	SHORLS	PAGE 5 OF 5 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Pla	anned Parenthood Votes		C C00489799
Chec	ck if 24-hour report <b>X</b> 48-hour report <b>N</b> New re	port Amends report	filed on filed on
	Full Name of Payee Planned Parenthood Action Fund Inc.		Date of Public Distribution/Dissemination
ı	Mailing Address 123 William St, 10th Floor		10
- 1	City State New York NY	Zip Code 10038	80.00 Transaction ID : B632145
	Purpose of Expenditure Communications Staff Time	Category/ Type 001	Date of Disbursement or Obligation  10 04 2016
	Name of Federal Candidate	Cupport	Office Sought: House District:
	Trump, Donald, , ,	Support  Oppose	resident Senate State: US
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary <b>x</b> General 2016 Other (specify) ▶
	Full Name of Payee	·	Date of Public Distribution/Dissemination
	Mailing Address		Amount
	City State	Zip Code	
	Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation
	Name of Federal Candidate	Support	Office Sought: House District:
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:
(a	s) SUBTOTAL of Itemized Independent Expenditures		80.00
(b	b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>
(с	e) TOTAL Independent Expenditures		1166723.85
Wİ	nder penalty of perjury I certify that the independent expenditure ith, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.		
	Schifeling, Deirdre, , ,   [Electron Signature]	onically Filed] Date	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y